Objectives
We propose to document IPE activities done on the Amarillo TTUHSC campus (Medicine and Pharmacy thus far), and describe what has been done in the academic year 2012–2013 in inter-professional Teamwork/Education and among the various professional schools active in health sciences professional education in the Amarillo region. The purpose of this data collection will be to describe how TTUHSC Amarillo is meeting the QEP summative and formative goals. In addition, to detail how more extensive breadth of IPE experience could be obtained. In addition, it is hoped that this information will be helpful in describing how IPE simulation with other professional schools outside of TTUHSC is critical on the Amarillo campus to foster breadth of IPE experiences.

Introduction
Inter-Professional Education (IPE) is an important part of professional education in medicine, nursing, pharmacy and allied health sciences. Professional schools are increasingly judged by the presence and success of these IPE programs. Texas Tech University Health Sciences Center has at the heart of its “Quality Enhancement Plan” a didactic and practical instruction in IPE Teamwork/Education with evaluation of utility and reliability of student performance.

Simulation IPE Experiences
Data was collected anonymously from medical students (TTUHSC School of Medicine – Amarillo), pharmacy students (TTUHSC School of Pharmacy – Amarillo), nursing students (School of Nursing, West Texas A&M U. and School of Nursing, Amarillo College), and allied health sciences (School of Allied Health Sciences, mostly Respiratory Therapy, as well as paramedics, Amarillo College). Data as to numbers of students participating and dates were derived from the Amarillo regional simulation center, Sim Central. The following data were collected from students using electronic questionnaires (recorded anonymously) before and after IPE simulation experiences:
- Subjective knowledge of IPE prior to the simulation
- Attitudes pre and post-IPE simulation
- Knowledge, attitudes and subjective knowledge increase was obtained through contemporaneous electronic anonymous student responses

Where possible (within 1 scenario) various faculty of medicine, nursing, and allied health sciences would rate student teams performing the Clinical Teamwork Observation Scale (CTOS) which assessed the following subscales:
- Communication
- Situation awareness (monitoring)
- Evidence-based decision making
- Group collaboration
- Mutual Support

Clinical IPE Experiences
IPE experiences were detailed in the following:
- Pediatrics in-hospital service
- Family Medicine in-hospital service
- Family Medicine clinics (e.g. “Senior Assessment” Geriatrics and Annual Wellness outpatient Clinics)
All were IPE clinical patient care teams, composed of medicine and pharmacy students and Schools of Medicine and Pharmacy Faculty. Where possible Clinical Teamwork Observation Scale (CTOS) assessments were obtained by Faculty of the IPE clinical groups, to assess students’ IPE outcomes.

Results

Limitations
• Lack of a validated tool to measure student perceptions related to IPE activities before and after various IPE experiences.
• Lack of training of faculty in the use of the Clinical Teamwork Observation Scale.
• Potential issues with scoring of CTOS, particularly where certain items might not be applicable.
• Data lacking on reliability and validity in assessing the utility of faculty-observed teamwork.
• Lack of faculty training in TeamSTEPPS
• Inability to standardize data collection procedures related to IPE and low faculty participation.

Future Recommendations
1. IPE didactic training, using TeamSTEPPS terms, tools and methodology should be taught before attempting to teach various professional students IPE.
2. A systematic process should be implemented across campuses to collect data related to IPE experience and faculty perceptions of collaborative team work.
3. Enhancements to be made to the Clinical Teamwork Observation Scale (CTOS) to address any deficiencies and to formally validate this tool.
4. Recruitment of faculty to participate in IPE outcomes assessment, with reasonable goals of data collection should be sought for future years/study.
5. Allocate staff resources dedicated to assist with data collection and analysis regarding IPE experiences.
6. Disseminate overall IPE participation and outcomes findings to all TTUHSC faculty and students, to allow self improvement.

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For further information
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